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Effective Date: January 1, 1998

Implementation Date: July 5, 2005

Modification to Reporting of Diagnosis Codes for Screening Mammography Claims

Note: This article was revised to contain Web addresses that conform to the new CMS web site and to show they are now MLN Matters articles. All other information remains the same.

Provider Types Affected

All providers billing Medicare carriers or Fiscal Intermediaries (FIs) for screening mammography claims

Provider Action Needed

This article modifies instructions to allow reporting of either diagnosis code V76.11 or V76.12.

Providers should note that to ensure proper coding, one of the following diagnosis codes should be reported on screening mammography claims:

- **V76.11** – “Special screening for malignant neoplasm, screening mammogram for high-risk patients” or;
- **V76.12** – “Special screening for malignant neoplasm, other screening mammography.”

Background

Effective January 1, 1998, providers only reported diagnosis code V76.12 on screening mammography claims. Effective July 1, 2005, the Centers for Medicare & Medicaid Services (CMS) will allow reporting of either V76.11 or V76.12, as appropriate.

Implementation

Implementation date is July 5, 2005.

Additional Information

The official instruction issued to your carrier/intermediary regarding this change may be found at <http://www.cms.hhs.gov/transmittals/downloads/R705CP.pdf> on the CMS web site.

If you have any questions, please contact your carrier/intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf> on the CMS web site.

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